


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90166 004 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G99812	
1. Entity Name GOELMAN ENTERPRISES, INC.	

Principal Place of Business KOSHER MAGIC 1839 MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 US	Mailing Address KOSHER MAGIC 1839 MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 US
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2404102	Applies For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOELMAN, CHANOCH
1839 MIAMI GARDENS DRIVE
N. MIAMI BEACH, FL 33179**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature typed or printed name, registered agent, and title if applicable. (NOTE: Registered Agent's name is required when filing.)

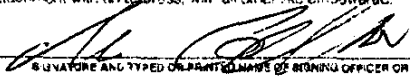
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOELMAN, CHANOCH 1839 NE MIAMI GARDENS DR N. MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature or seal have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:  **APR 25 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #